



## Medical PA Criteria Proposal

|                          |  |
|--------------------------|--|
| Medical Procedure Class: | <b>DME Large Volume Nebulizer/Compressor</b> |
| Date:                    | <b>September 18, 2007</b>                    |
| Prepared for:            | MO HealthNet Division                        |
| Prepared by:             | ACS-Heritage Information Systems, Inc.       |

☐ New Criteria

☒ Revision of Existing Criteria

### Executive Summary

|  |  |   |
|--|--|---|
| <b>Purpose:</b>                                | To allow a more consistent and streamlined process for authorization of large volume nebulizers.   |   |
| <b>Why was this Issue Selected:</b>            | Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs the MO HealthNet Division to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need. |   |
| <b>Procedures subject to Pre-Certification</b> | E0565 – Compressor, air power source for equipment which is not self-contained or cylinder driven.<br>E0585 – Nebulizer, with compressor and heater.   |   |
| <b>Setting &amp; Population:</b>               | All MO HealthNet fee-for-service patients.   |   |
| <b>Type of Criteria:</b>                       | <input type="checkbox"/> Increased risk of ADE<br><input type="checkbox"/> Appropriate Indications   | <input checked="" type="checkbox"/> Non-Preferred Agent<br><input type="checkbox"/> |

### Setting & Population

- Procedure Group for review: E0565, E0585
- Age range -- All patients

## Approval Criteria

Humidity required; and one of the following:

- Diagnosis of cystic fibrosis or bronchiectasis, or
- Patient has tracheostomy or tracheal/bronchial stent.

| Condition                | Submitted ICD-9 Diagnoses                        | Date Range |
|--------------------------|--|------------|
| Cystic Fibrosis          | 277.02   | 24 months  |
| Bronchiectasis           | 494.0 – 494.1, 748.61, 011.50 - 011.56           | 24 months  |
| Tracheostomy             | V44.0, V55.0, 519.00, 519.01, 519.02, and 519.09 | 24 months  |
| Tracheal/bronchial stent | 519.19   | 24 months  |

## Denial Criteria

- Purchase of nebulizer within the last 36 months.
- Absence of diagnostic conditions required in approval criteria.

## Approval Period

- E0565 – Rental only (RR) – 12 months
- E0585 -- Duration of need 1-8 months, rental (RR). Duration of need 9 months or more, purchase (NU).